

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	22	29	8-26-01
O.I.P.E. CLASSIFIER			9/5/01
FORMALITY REVIEW	SA	861039	10/25/01
RESPONSE FORMALITY REVIEW	H-2	866	11-23-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 + (Through numeral) Canceled
 Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	N	N	
18	N	N	
19	N	N	
20	N	N	
21	N	N	
22	N	N	
23	N	N	
24	N	N	
25	N	N	
26	N	N	
27	N	N	
28	N	N	
29	N	N	
30	N	N	
31	N	N	
32	N	N	
33	N	N	
34	N	N	
35	✓	✓	
36	+	+	
37	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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17th Nov
 1-3-01
 590
 10-10-01